



# H.E.F. CANADA QUARTERLY

*The Human Ecology Foundation of Canada*

FALL 1980  
VOL. 3 NO. 4

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**The H.E.F. Canada Quarterly**

*The H.E.F. Canada Quarterly* is a publication of The Human Ecology Foundation of Canada, a charitable organization under Canadian law, operating on a non-profit basis. The *Quarterly* is for people who are interested in health and its relation to our environment. It deals primarily with research in the field of *clinical ecology*, and also describes how people have improved their health by changes in habits, diet and environment. As such, it does *not* offer medical advice, and we urge persons wishing to experiment with changes in their lifestyle to do so with the help and guidance of a knowledgeable physician.

**The Human Ecology Foundation of Canada**

One of the purposes of the Human Ecology Foundation is to promote the free exchange of information on the prevention and treatment of ecological illness. People who are ecologically ill are no longer able to adapt well to common exposures in their everyday environment. They may develop a variety of chronic or acute symptoms that are brought on by substances in the air, in food, or in water.

Natural inhalants such as pollens, dust and moulds, and even natural foods may begin to affect people adversely. This aspect of the condition is often referred to as allergy. But the many synthetic chemicals that are now common around us can also cause symptoms, and overexposure to these can trigger ecological illness even in those with no history of allergy or other sensitivity to the environment. Symptoms may be mild and merely annoying, or they may become severe enough to interfere with a person's daily activities, family life and career.

On a local basis, HEF Branches work toward finding sources of chemically less-contaminated food, water, clothing and household furnishings, as well as providing counselling on changes of lifestyle that may alleviate symptoms. The Foundation and all its Branches would like to encourage others to become involved not only in research on the effects of environ-

ment on health, but in working toward a healthier, less-polluted environment.

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Membership in the Foundation includes a subscription to *The H.E.F. Canada Quarterly*, which is produced four times per year. Annual membership and subscription fee \$10. Corporate Sponsorship \$100. Donations tax-deductible.

**Advertising Policy**

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## EDITORIAL — *The International Year of Disabled Persons*

HUMAN ECOLOGY FOUNDATION (CANADA) QUARTERLY VOL. 3 NO. 4 FALL 1980 PAGE 1

To begin with, as editors we owe our readers a sincere apology for being into March before sending an issue labelled Fall 1980. As you can guess, the winter has not been an easy one. The Quarterly has also been in hiding while we prepared a facelift for it — full typesetting. We feel the result will justify the delay, and hope that the more permanent and official our publication looks, the more people will begin to believe that we are serious.

Now we must look ahead rather than behind. What we see is exciting, for there are a number of developments that indicate that clinical ecology is finally coming into its own. First of all, the number of physicians that are becoming involved is growing rapidly, particularly here in southern Ontario. Second, human ecology is becoming more visible. It has received continent-wide coverage in magazines and on radio. Third, we are on the brink of beginning a badly needed clinical ecology information bank that will make it even easier for others to become involved in the field. And finally, we have one advantage that we must use while it is here — the International Year of Disabled Persons.

About four years ago, the United Nations General Assembly declared 1981 to be the International Year of Disabled Persons. "IYDP" is designed to focus world-wide attention on the needs of disabled persons and will promote 'their right to participate fully in the social life and development of the community in which they live', and 'their right to benefit on an equal basis in the improvements in living conditions resulting from social and economic development'.

The Canadian Federal Government formed a Special Committee on the Disabled and the Handicapped, and recently published a thick green report entitled "Obstacles". A brief review of this report brought us quickly to two conclusions:

1. The Canadian Government

knows little if anything about ecological illness.

2. Ecological illness, for many people, is a disability in every sense of the word.

The report makes many individual recommendations, all in support of a small number of more general *objectives*. These objectives talk about such things as achievement of adequate income, equal opportunity of access to public buildings, facilities and programs, equal access to employment, housing, education, transportation, recreation, communication and information. It also talks about support for self-help groups.

Does any of this sound familiar? Who among us with any degree of chemical sensitivity has equal opportunity for employment? There are those among us who have had to take their children out of school, because the pollution levels were affecting their children's health. There are countless people who cannot find housing that is suited to their needs. Many cannot travel on public transportation without becoming unbearably ill. For others, there are literally no recreation opportunities they can take advantage of. Communication and access to information is a definite problem — some are as unable to read a newspaper or a book as those who are partially blind.

We certainly don't want to 'cry wolf' if we can take care of ourselves. Neither do others with different handicaps. But perhaps it is time we took stock and really acknowledged just what is no longer available to many people who have become sensitive to environmental exposures in our modern society.

And who is working on their behalf? Most work on their own behalf, to be sure. The Human Ecology Foundation is here to help provide a louder voice and represent us to other agencies in society. But to date there is to our knowledge no one in any government position that has sufficient knowledge about the problem or interest in the people who have it, to go to bat for this group.

According to all signs, 1981 is the year in which society wants to learn about ecological illness as a handicap. We certainly intend to use this opportunity to the fullest, and would ask you as members of the Foundation to do the same.

It will not be easy. For example, we did not learn about the Year of the Disabled in time to submit a brief to the Federal Committee before it published its report. Mrs. Jean Schoebl, of Belgrave, Ontario, was instrumental in first alerting the Chairman of the Committee, Mr. David Smith, MP for Don Valley East, Toronto, to the fact that chemically sensitive people exist. We followed her approach with a letter from the Toronto Branch.

Mr. Smith wrote in reply: "...it is unfortunate that the Committee became aware of the illness at such a late date as the report is currently being translated and printed and therefore does not address the problems resulting from chemical sensitivity." While we appreciated this note of concern, what impressed us more was what was missing from his letter, which had concluded by offering to send us a copy of the report, because "some of our recommendations may affect you in some indirect way".

What was missing was the whole purpose of the Year of the Disabled. The year 1981 has barely started. For Mr. Smith and his committee, it appears to be over. Our concern is not getting a section published in a specific report and sitting back for the rest of the year. If we miss one report we will catch the next.

Surely the important part is that now the committee *does* know about ecological illness. Surely the committee has made provision for *learning more* during the Year of the Disabled. Surely the point of it all is to get more awareness and discussion of *all* disability problems in Canada, whether you learn in the summer of 1980 or on the last day of December in 1981.

No, we are not going to leave it

at that. With the help of the membership, it really should be our goal that before the year is out, every responsible official in every level of government should have the opportunity to read about and talk with someone about ecological illness and what it is doing to far too many people in our society.

We want it out on the table that there is something wrong with our environment, to the point that hundreds and thousands of people are beginning to feel adverse effects from chemical exposures. We want it out on the table that there is something wrong with our food and water supplies, to the point that many of us and our children cannot eat commercially grown food or commercially purified water without becoming ill.

We want it known that the medical profession in general has been unwilling to put in the time, effort and understanding to tackle this problem. We want it known, too, that for those who are at the extremely sensitive end of the allergic spectrum, society is as inaccessible as if they were in a wheel-chair, and in some cases, even more so. Employment and income is a big problem, as is education, housing, transportation and recreation.

We also want it known that some of society's priorities may need a little bit of shaking up. The Toronto Branch's ecological headquarters stands unfinished for lack of funds, while Pizza Huts and Macdonalds' rise around us with the full support of all society's financial institutions.

Large commercial farming operations that add pesticides to our food thrive while small farmers that are trying to produce clean food are scratching for a living. Large corporations are polluting our air while the individual citizen pays the price with his health and his children's health.

Our medical care system pays for many of the drugs and procedures that have aggravated our health problems, and does not acknowledge the testing and treatment that has helped to alleviate them.

And on a very positive note, we want it known that there is *much* that can be done about these problems, and that with help, we are willing to put in a lot of work towards solving them.

Yes, there is lots to talk about and do in the International Year of the Disabled. Unless we have missed something, there are many months yet in which to do it.

For those of our readers who would have hoped that society would catch on easily, please be forewarned. No one else is going to speak on your behalf. You have to do it yourself, and we would urge you to do it now. We all know that the problem of ecological illness is growing. There are very few people that know about it and understand it. If these few (this means *you*) do not speak up and take action, more and more people will be affected.

For our part, the Foundation will continue its projects that will help to spread information. A new computerized information bank on

ecological illness is in the works, and should help us to bring the right information to those who want it. It will also lead to experiments in home-based computer jobs for disabled persons of all kinds. Perhaps we can make headway by helping others as well as ourselves.

We are sure that those responsible for government activities on the disabled this year would be happy to hear from you. The Federal address is: *David Smith, MP, Chairman, Special Committee on the Disabled and the Handicapped, Room 199 S, Centre Block, House of Commons, Ottawa, Ontario K1A 0A6.*

At the Provincial level, you might wish to write to: *Mr. Bill Phorsteinson, Co-ordinator, International Year of Disabled Persons, Room 1503, 1st floor, Whitney Block, Queen's Park, Toronto, Ontario M7A 1A2.*

A copy of your letters might be of interest to your federal member of Parliament and Ontario member of the Legislature. Anyone needing Human Ecology Foundation Brochures or other material (such as extra copies of this Quarterly) to send to their MP's and government contacts can write us here at *The HEF Quarterly Office, R.R.1, Goodwood, Ontario L0C 1A0*, or contact their Branch office (*addresses on back page of this issue*).

We wish you all a very good year.

*Bruce and Barbara Small*  
Editors



## H.E.F. CANADA - An Important Message from Ron Vince, President

HUMAN ECOLOGY FOUNDATION (CANADA) QUARTERLY VOL. 3 NO. 4 FALL 1980 PAGE 3

*Ron Vince is the President of the Human Ecology Foundation of Canada. The following is his "State of the Foundation" message for the upcoming year.*

The Human Ecology Foundation of Canada is approaching the end of its third year as a registered non-profit organization, and some aspects of our institutional life are, I think, in need of comment and discussion.

While our Charter sets out the aims of the Foundation and specifies its legal status and authority as vested in a Board of Directors, the internal organization has never clearly been set out. In particular, there may be some confusion concerning the relationship between the Branch Executives and the Board of Directors, and concerning the distribution of policy-making and executive functions between the Foundation at large and the Branches.

It was envisaged at the time the Foundation assumed its current status that the onus for dealing with individuals and their difficulties in coping with their environments would rest on the Branches, and that they were free to pursue their activities and implement programmes as they saw fit. The central body would provide overall policy through the Board of Directors, and support services in the form of funding aid, educational materials, and professional advice and reference through its various standing committees. In addition, of course, it was expected that an organization with an imposing name and aims would provide a more readily recognizable *national* source of information on human ecology for the public at large.

Thus far the reality has fallen somewhat short of the ideal. The ability of the central organization to carry out executive functions has been severely limited by the lack of physical facilities and staff to provide services, but more importantly by the fact that we have experienced some

difficulty in establishing appropriate standing committees, especially those intended to deal with funding and education. These two committees are of paramount importance, and it is essential that members of the Foundation volunteer to serve on them, preferably for two-year, overlapping terms.

The Foundation has been able to provide the membership with the *H.E.F. Canada Quarterly* under the very able editorship of Barbara and Bruce Small and with the financial support of the Toronto Branch. But here too difficulties have arisen. It was assumed that the *Quarterly* would be able to pay its own way through advertising. Unfortunately, the process of attracting advertising is a slow one and it has been necessary for the Toronto Branch to make up the difference between receipts and expenditure. The *Quarterly* is a most valuable asset to the Foundation, and I urge members to support it by canvassing for advertising and by submitting material and suggestions to the editors.

On a more positive note, *Common Sense for the Sensitive*, the handbook originally produced by members of the Hamilton Branch, is being revised under the aegis of the Foundation, and we hope to have the third edition available by spring. In the meantime we continue to plan and to explore ways of furthering the aims of the Foundation; and we have hopes that funding can be found to realize those plans and aims.

Clearly this is a very modest beginning, and our ability to provide support and information to our members in the months and years to come will depend upon three things: 1) careful planning, 2) astute fund-raising, 3) the co-operation and efforts of the individual members of the Foundation. In order to facilitate planning, fund-raising, and to encourage co-operative effort, I should like to stress once again the necessity for initiative on the part of each member and Branch. In particular:

1. There is a desperate need for people to serve on the Foundation's standing committees on education and funding. (*The terms of reference for these committees appear on the following page.*) Anyone willing to serve should contact the Foundation Head Office at P.O. Box 601, Dundas, Ontario L9H 5G1.
2. A volunteer is also needed to assume the responsibilities for procuring certain foods such as game and making arrangements for its storage and distribution. Dr. J. G. MacLennan has been doing this for many years and would be happy to break in someone new.
3. Anyone with suggestions concerning the revision of *Common Sense for the Sensitive* is asked to contact either Ron Vince (416-627-5333) or Mrs. Joyce Mulvihill (613-832-2847). We can also be contacted through the H.E.F. Head Office (P.O. Box 601, Dundas, Ontario L9H 5G1).
4. Individuals and Branches are urged to submit *any* suggestions, requests or complaints to the Board of Directors at the Head Office address above.

Finally, let me reiterate — and I cannot stress too strongly — the fact that the Human Ecology Foundation of Canada is a legal abstraction which can find meaningful expression only in the individuals and Branches of which it is composed. The Foundation can be only what the membership want it to be and are willing to make it.

*Ron Vince, President*

**Terms of Reference  
For Funding Committee**

1. To identify potential sources of funds, and to keep an up-to-date list of such sources;
2. To plan funding programs once needs are determined by the Board of Directors;
3. To help prepare formal grant applications;
4. To make recommendations concerning funding or funding procedures to the Board of Directors;
5. To carry out such other activities with respect to funding as the Board may from time to time direct.

**Terms of Reference for  
Education and Publicity Committee**

1. To maintain communication with the education committees of the various Branches;
2. To contribute to the preparation of educational materials;
3. To provide general supervision of Foundation publications, excluding the *Quarterly*;
4. To make recommendations concerning educational policy to the Board of Directors;
5. To carry out such other activities with respect to education and publicity as the Board may from time to time direct.

**1980 Branch Reports**

*At the time of publication the only Branch Report available was that of H.E.F. (Toronto), which follows. Reports from the Hamilton, Kitchener and Ottawa Branches will be published in subsequent issues.*

**H.E.F. Toronto Annual Report 1980**

The year 1980 was one of expansion and development for the Toronto Branch of the Human Ecology Foundation of Canada. Membership approximately doubled during the year, to well over 200 members across the continent and even overseas.

The main activity for the Branch

remained the writing and development of the newsletter. During the year, the H.E.F. Toronto Quarterly was upgraded by the Board of Directors to the H.E.F. Canada Quarterly. H.E.F. Toronto spearheaded the project by providing interim funding for issues from Spring 1980 to the end of the year, while others in the Foundation sought advertisers to provide ongoing funding. In late fall work was begun on writing a computer typesetting program for the Quarterly. This will further improve the quality of the magazine and should attract more advertisers and subscribers.

Again short of human resources available for work, the group held only one major meeting this year, in September 1980 with speaker Dr. Doris Rapp from Buffalo, New York. Attendance was extremely good.

Education has occupied the attention of part of the executive from time to time throughout the year. In 1979 the Branch had submitted a brief to Education Minister Bette Stephenson, M.D., concerning the special education needs of children who are sensitive to foods and chemicals. Early in 1980 the executive met with officials of the Special Education Division of the Ministry of Education to discuss the brief and acquaint the officials with the problem of ecological illness and its effect on learning in children. In August 1980 we followed this earlier brief with a more specific presentation to the legislative committee reviewing the Minister's proposed Special Education Bill.

Publicity over the Smalls' book, 'SUNNYHILL - The Health Story of the 80's', which describes the story behind HEF Toronto's headquarters, Sunnyhill Farm, brought increased activity in 1980 on letters of inquiry and phone calls from various parts of Canada and the United States. The Branch has now distributed at least 2000 HEF CANADA Brochures describing ecological illness. A number of media appearances have also brought inquiries, and addresses by the Branch president to the Milliken Mennonite Family Life Program and

to the Markham Family Life Centre brought donations and speaker's fees to the Branch.

Over the year, we were able to conduct a number of discussions with other human ecology groups. While on a book promotion tour, the Branch president talked with Human Ecology Action League branches and affiliates in Buffalo, New York, Fort Wayne, Indiana, Chicago, Illinois, and Dallas, Texas. We were also able to represent both HEF Toronto and HEF Canada at the Human Ecology Action League's annual meeting in Atlanta, Georgia in November, while attending the Society for Clinical Ecology Seminar at Callaway Gardens.

The most significant result of these discussions with the other groups was the informal agreement to participate in a joint effort to establish a special information bank of clinical ecology research material and other papers that could be helpful to both physician and patient alike. This project will be started on a volunteer basis in early 1981 with donated computer time.

This year there was a marked increase in donations to the Foundation, both for Toronto projects, related private projects such as Sunnyhill Farm, and for headquarters work. This increase has been attributed to the inclusion of a donation request on the HEF Canada brochure.

*Bruce M. Small, President  
H.E.F. (Toronto)*





# FOOD AND CHEMICAL SUSCEPTIBILITY - Excerpts from William Rea, M.D.

HUMAN ECOLOGY FOUNDATION (CANADA) QUARTERLY VOL. 3 NO. 4 FALL 1980 PAGE 5

*At risk of taking statements out of context, the following article will bring out some of the more interesting aspects of a comprehensive review of food and chemical susceptibility by William J. Rea, M.D., clinical ecologist at the Brookhaven Environmental Unit in Dallas, Texas.*

*The original article was published in the September 1979 edition of the medical magazine, 'Continuing Education'.*

We are firm believers that even all those people who have handled their own allergic sensitivities well for many years can benefit from refresher courses. Dr. Rea's article is written in typical medical language, but there are many parts that are worth quoting or translating here.

The main point of the article is that there is a 'spectrum of noninfectious disease processes' (*i.e. what we are calling ecological illness*) that can cause a variety of symptoms in the body. These are often mistaken for psychologically induced symptoms ('*hypochondriasis*') but according to Dr. Rea are actually due to reactions to foods and chemicals found in the patient's home and work environments.

Dr. Rea emphasizes that by taking a careful history of the patient, a physician can be alerted to the possibility of this food and chemical susceptibility. He can then confirm his suspicions by having the patient eliminate the potentially offending items from his diet or environment, and by challenging the patient with these items under controlled testing.

The physician can be alert for symptoms of all kinds. The four main areas are the respiratory system, the gastrointestinal system, the genitourinary system and the vascular system. More generally, food and chemical susceptibility can commonly affect the smooth muscles of the body, the mucous membranes, and the musculoskeletal system. We might add that the mind is also a target.

Without covering every detail treated by Dr. Rea, we will touch on a few of the interesting points he raises. (The full paper is available in the HEF Toronto library).

For example, we found it interesting that Dr. Rea mentions that the patient is often sensitive to odours and can detect the presence of natural gas when others cannot. He says that normal gas leakage in a home is approximately 10%, but the average person does not perceive this.

Of interest to those that may be contemplating hospitalization for surgical problems is his statement that anaesthesia is often a problem for people with chemical sensitivity. Many patients have complications after surgery, and some even want to leave the hospital in order to have a 'more benign postoperative course'.

Dr. Rea also notes that women often find that they become worse after each pregnancy. He says it is not known why this happens.

Dr. Rea's research has included a great deal of clinical measurement on his patients. We found it interesting that he says that people with food and chemical susceptibility often have depressed white blood cell counts. He suggests that once a physician has ruled out malignancy and acute viral infections, he should be suspicious that a chronically low white blood count may indicate food and chemical susceptibility.

One debate we would like to hear involves clinical measurements that give readings in the abnormal range. Many people think that if a measurement is abnormally low, you need a supplement of some kind. Dr. Rea notes that one measurement for which environmentally ill patients present a generally low count is for 'eosinophils'. What is interesting is that he has found that a stay in the Brookhaven Environmental Unit, away from offending foods and chemical pollutants, will allow the eosinophil count to return to normal. The count then becomes depressed during

subsequent challenge testing, paralleling the patient's symptoms from the incitant.

Many patients have asked us whether people with ecological illness can lead a normal life. Dr. Rea assures us that some patients can. He cites a case of a 33 year old woman with a long history of uncomfortable symptoms. Testing revealed multiple food and chemical sensitivities.

Since returning home from his unit, the patient has removed all gas appliances, drinks only spring water, and maintains a rotary diversified diet, never eating the same foods more than one time in four days. She wears only washable natural fibre clothes, to avoid formaldehyde exposures.

The result? He says that for the last three years, the patient has been totally without symptoms, has not resorted to any medication, and is leading a vigorous life. Most of her laboratory test readings returned to the normal range.

Could ecological illness have been avoided if it was recognized earlier? Dr. Rea implies that early recognition could avoid the 20-year long history of symptoms and misdiagnosis that he commonly sees in his patients.

In the patient we described, recurrent tonsillitis had been a problem. He has found that many people with recurrent tonsillitis at any age develop other problems related to the environment, even though their throat infections may clear after the tonsillectomy. Such diseases as phlebitis, cystitis, colitis, or bronchitis may result. He suggests that if the pattern had been recognized much earlier, this patient might not have developed such a widespread and chronic sensitivity.

Many people are looking for easy answers to the problem of food and chemical sensitivity. What is the best answer? Dr. Rea insists that "*avoidance of environmental incitants is by far the best treatment for environmentally triggered disease.*" He does acknowledge, though that

*Continued on Page 7*

*We are very pleased to be able to bring to our readers some of the latest developments in clinical ecology. One of the most promising is the work of Dr. C. Orian Truss, an internist from Birmingham, Alabama. Dr. Truss's work has established a connection between chronic yeast infection by the fungus "Candida Albicans", and widespread food and chemical sensitivity in some individuals.*

The following discussion is based on two papers by Dr. Truss. The first is entitled "Tissue Injury Induced by Candida Albicans", and was published in the Journal of Orthomolecular Psychiatry, Volume 7, Number 1, 1979. The second is entitled "Restoration of Immunologic Competence to Candida Albicans" and was printed in Volume 9, Number 4, 1980 of the same journal. Both papers are available in the H.E.F. Toronto library.

The importance of these papers to physicians and patients in clinical ecology cannot be understated. As with any other development in this field, it probably does *not* apply to all food and chemically sensitive patients. It may only apply to a minority. No one knows for sure yet.

But if it applies to anyone at all, it offers some hope for some people. And it represents another facet of the ecological examination that must be borne in mind by the physician.

Dr. Truss's message is a simple one. There is a fungus called *Candida Albicans* that is found in virtually everyone's body. Usually its existence in our bodies is entirely compatible with a lifetime of excellent health. But under some circumstances, this fungus succeeds in growing beyond normal bounds. It can start by colonizing certain tissues, primarily the intestinal tract and the vagina.

Its influence then extends to symptoms not only in the infected organs but in other parts of the body, related to immunologic and even toxic responses to the soluble yeast

products of the organism. It can also exert a paralyzing influence on your body's capability to mount a defence against it.

Flourishing then with little opposition from the body's immune system, the infection becomes chronic. One of the possible effects of *chronic candidiasis* is the development of a widespread intolerance to foods, drugs and chemicals.

Dr. Truss has had many patients whose food and chemical sensitivities have subsided after treatment to control the growth of *candida albicans* and to reduce the body's reactions to its products. This is the point that may be significant for at least some of us. *Candida* can be a major factor in food and chemical sensitivity. Dr. Truss is saying that at least for some people, controlling the *candidiasis* is a major factor in controlling the food and chemical sensitivities.

Clinical ecologists across North America are incorporating these and other developments into their everyday practices. While each development may cover only one facet of an exceedingly complex problem, each represents an advance. The following discussion will review Dr. Truss's reports in the journals mentioned above. We will attempt to keep you informed in future issues of the *Quarterly* as more is learned about 'the *candida* problem'.

Dr. Truss points out that the problem is not a simple one. Present laboratory tests are not sufficient to determine whether a patient has or doesn't have this chronic *candida* infestation with an accompanying 'paralysis' of his or her immune system. He relies on clinical evidence (symptoms and history) and confirms his diagnosis by therapy — if measures to reduce *candida* infection bring about relief of symptoms, then *candida* was likely involved.

A typical case resembles what a clinical ecologist finds with a food or a chemically-sensitive patient. Truss says it invariably includes a story of futile efforts by many competent

specialists to establish an organic basis for the many chronic symptoms. The history often includes previous recommendations of psychiatric therapy.

He suggests that a doctor should pay attention in taking the history for the influence of repeated pregnancies, birth-control pills, antibiotics, and cortisone and other immunosuppressant drugs. He says that the onset of local symptoms of yeast infections in relation to the use of these drugs is particularly significant. This stage usually precedes the systemic response.

A typical case may show repeated courses of antibiotics and immunosuppressant drugs, often punctuated with multiple pregnancies, leading to ever-increasing symptoms of mucosal infections in the vagina and gastrointestinal tract. He also notes possible allergic responses of the respiratory tract, urethra, and bladder, leading to further infections and more frequent antibiotic therapy that simultaneously aggravates and perpetuates the underlying cause of the allergic reactions.

He finds that depression is a common symptom, often associated with difficulty in memory, reasoning and concentration. These symptoms are especially severe in women, who in addition have great difficulty with the explosive irritability, crying, and loss of self-confidence that are so characteristic of abnormal function of the ovarian hormones. Many of these patients also start developing multiple intolerances to foods and chemicals, making it increasingly difficult for them to live in a normal environment.

Dr. Truss's treatment for chronic *candidiasis* follows two principles: slow down the proliferation of the yeast, and strengthen the immune system response to its presence.

To retard yeast proliferation, Truss uses both passive and active methods. He notes that yeasts thrive on carbohydrate. Limiting the intake of sweets and starches thus deprives the *candida* of the nutrient it needs



## CANDIDA ALBICANS — Yeast Growth and Chemical Sensitivity (continued)

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most. He also has found that avoiding foods with a high yeast content is helpful. Among these he includes breads and pastries, mushroom, aged cheeses, and alcoholic beverages. He acknowledges that such dietary changes may also help by eliminating or restricting the intake of strong food allergens.

He advocates the limiting of antibiotics, particularly the "broad spectrum" drugs. If antibiotic therapy for other conditions is absolutely necessary, he combines it with the use of anti-fungal drugs.

Avoidance of birth control pills, he says, is mandatory if chronic *candidiasis* is to be successfully controlled. Their use is associated with acute *vaginal candidiasis* (often called 'monilia') in approximately thirty-five percent of women. Truss suggests that in the remainder, subtle changes may occur in the immunologic responses appropriate for control of this yeast.

Because many moulds that do not exist within the body have some degree of 'cross-antigenicity' with *candida*, Truss advises patients to avoid environments with high mould spore exposures.

Active therapy is carried out with anti-fungal drugs, that kill *candida* or suppress its growth. The drug "nystatin" is most commonly used. Truss finds that nystatin is tolerated by most of his patients, but acknowledges that the mix of patients in the average clinical ecologist's office may be different than his. Some adverse reactions have been reported.

Truss also stresses measures to strengthen the immune system generally. He advises avoiding immunosuppressant drugs if at all possible, because these tend to impair the mechanism for keeping the yeast growth under control.

He also suggests correction of unrelated conditions that may coincidentally suppress immune response, such as endocrine or other metabolic abnormalities. Proper diet to correct nutritional deficiencies is also important.

The final component of treatment involves the use of extracts of *candida* to stimulate a more normal immune response. Some clinical ecologists have used the serial dilution "neutralizing" technique. Physicians are referred to the original papers for more precise details.

While we offer no conclusions, it is important to note that Truss observed disappearance of chemical intolerance in some of his patients coincident with the clearing of the *candidiasis*. He states that patients may begin to note improvement in the first few weeks of treatment, and that within six to twelve months, most or all of the intolerances will be gone in many cases.

He suggests that the effect of the chronic yeast infection is to alter a person's adaptability to environmental contacts. Even though everyone would react to any chemical if exposed to a sufficiently high concentration, it appears that chronic yeast exposure alters the threshold at which an individual reacts.

We appreciate Dr. Truss's work in this field and look forward to future developments. Any individuals willing to share their experiences with *candida albicans* treatment, particularly in cases of multiple allergic sensitivities, are invited to write to the Quarterly office.

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### Food and Chemical Susceptibility (continued from page 5)

this may be impossible because of employment and financial situations. When this is the case, he advises *lowering the total body load*, by removing all offending agents possible and creating one room at home as an oasis.

He says that this general reduction in 'incitant load' seems to decrease the overall sensitivity to many substances and often will allow a person to continue to work at a job that formerly would have been intolerable because the major offenders could not be removed from the workplace.

When the offending substances are natural, he notes that often hyposensitization and neutralization can be accomplished by injections.

With many people, he has been able to neutralize symptoms of food reactions by injecting small doses of the aggravating food under the skin every three or four days. He says that often odours can be neutralized in the same manner.

Dr. Rea has some strong words about our present society. He states, for example, "*that medical technology is about 100 years behind environmental technology*". He says that physicians are hampered in treating these diseases because of lack of awareness.

The circumstances today, he says, are comparable to 100 years ago, before the germ theory of disease became well understood. Then, people rubbed manure into wounds and

physicians did pelvic exams with unwashed hands recently contaminated by autopsies. Today, our food, our air and our water are heavily contaminated with chemical pollution. Dr. Rea feels that these offending substances are found in such abundance in homes, workplaces and even hospitals, as to negate all treatment and hope for diagnosis and recovery.

We are looking forward to the next medical revolution, then, wherein physicians begin to recognize the role of the chemical environment in causing and perpetuating disease. Our thanks to Dr. Rea for his excellent work in the field of clinical ecology.

*The following definition of clinical ecology is reproduced from the Society for Clinical Ecology's brochure. Readers interested in a free copy of the brochure and a membership application form for themselves or their physician may write to: Del Stigler, M.D., Secretary, Society for Clinical Ecology, 2005 Franklin St., Suite 490, Denver, Colorado, USA 80205.*

The Society for Clinical Ecology is an association of physicians and other professionals interested in the clinical aspects of environmental medicine.

Excitants, to which individual susceptibility exists, are found in air, food, water, drugs, as well as in the home, work, and play environment. These exposures may be either physical or chemical in origin.

Manifestations are usually chronic in type, cyclic in nature, and may involve one or more organ systems. Multiple involvement is the rule. These reactive syndromes do not fit into currently accepted medical diagnostic classifications.

Clinical Ecology is the study of an individual's reaction to his environment. It is an orientation in medical practice that considers *health* as the adapted response to environmental excitants and the maladapted state as *ecological illness* as it is modified by individual susceptibility with the patient reacting as a biologic unit.

In contrast to symptomatic drug therapy the clinical ecologist emphasizes prevention and management of ecologic illness by avoidance through environmental control or neutralization and/or hyposensitization to specific identifiable environmental excitants, when these are unavoidable.

*The following articles are reprinted or abstracted from the Syllabus of the Fourteenth Advanced Seminar in Clinical Ecology, Nov. 3-5, 1980, Calaway Gardens, Georgia.*

## **The Role of Water in Allergy — Harris Hosen, M.D.**

That chemicals are a causative factor in allergy has been reported by many investigators. Randolph<sup>1</sup> first reported that chemicals in water were specific factors in allergy. In his ecological unit (*in Zion, Illinois*) each new patient is placed on activated carbon filtered Zion city tap water. If this water seemed to accentuate symptoms a change is made to one of the other waters available.

Seven waters are presented in this blind exchange. Randolph estimates that 70% of the hospitalized patients have a problem from the drinking of one or more of these waters.

Rea<sup>2</sup> states that 90% of his hospitalized patients react to one or more waters. In addition 1% react to all the waters in his unit. Thirteen waters are available for use.

These clinical investigations stimulated me to ascertain the chemical content of various waters available for study.

Most people are happy with their municipality's water supply. Its cleanliness is something taken for granted. We trusted our water supplies, because chlorine was used to disinfect water. Stated simply, chlorine is added to kill germs and it has done a terrific job ever since it became the primary method of water treatment in 1908.

In the 1970s scientific research from many quarters confirmed chlorine to be a low-level cancer threat. Humic acids (which are byproducts of dead leaves, trash, humus, animal waste, etc.) get in water. Chlorine combines with the humic acids to form small amounts of chloroform and other chemicals of the trihalomethane family. Chloroform and the

other trichloromethanes are linked to cancer.

Leaving the issue of chlorine, we must consider the contamination of our water supplies by industrial chemicals. We have read about Love Canal, a western New York state dumping ground of highly toxic chemicals. This is only one area of many others with such problems.

We cannot be accurate about the rate in which chemicals pollute our waters. With about 60,000 chemical compounds currently used in industry, and 1000 more developed yearly, there is no way to keep track of pollutants entering water treatment plants.

Toxic pollutants including heavy metals, pesticides, phenols, cyanides, and polychlorinated biphenyls (PCBs) are dumped daily into our streams and waterways. The National Academy of Sciences has calculated that there are at least 309 volatile organic compounds and 55 pesticides found in drinking water.

In an investigation of city water in Cincinnati, Ohio by Coleman<sup>3</sup>, 480 of the more than 700 organic compounds were identified.

In a further study<sup>4</sup>, 83 samples of water from 83 cities in an area consisting of Minnesota, Ohio, Wisconsin, Illinois, Indiana, and Michigan were investigated.

For four of the 7 organic chemicals investigated, the average readings were around 1 part per billion (*dibromochloromethane*, *bromoform*, *methylenechloride*, and *1,2-dichloromethane*). The average concentration of *carbontetrachloride* was 2 PPB; for *bromodichloromethane* was 6 PPB, and for *chloroform* was 20 PPB. The maximum readings for the seven chemicals ranged from 7 PPB (*bromoform*, *methylenechloride*) to 366 PPB (*chloroform*).

This analysis consisted of only seven organic chemicals of probably several hundred which exist in each of these waters.

The question now arises, what part do such chemicals play in allergy and how can we eliminate this problem?

The use of spring water and distilled water has been considered a solution to this problem and has been used by many allergists to remove the source of chemicals.

An age old method of purifying water still in use today is distillation. The process simply heats water to steam, and then condenses it back to water. In theory, all the debris, bacteria, minerals and other contaminants are left behind as the water turns to steam. However, the discovery in 1974 of possible carcinogens in chlorinated water supplies created a problem for manufacturers. Because chloroform and other dangerous organic chemicals have a lower boiling point than water, they vapourize right along with the water, recondense, and wind up in the finished product. This hardly constitutes pure water.

To demonstrate the problem we have with distilled and spring waters, I made a study of the chemical contents of 8 different waters. These included three different distilled waters, 3 different spring waters, 1 well water (450 feet deep), and one city water (Port Arthur, Texas).

This study was made by The Institute of Research of Houston, Texas. Dr. C. Mosier directs this laboratory.

The triple distilled water showed some traces of a variety of inorganic chemicals ( $\text{CaCO}_3$ , chloride, sulphate, calcium, magnesium, sodium, aluminum, potassium, and fluoride). These varied from less than 1 PPM (aluminum, potassium), to 28 PPM ( $\text{CaCO}_3$ ). Such chemicals are not important in allergy with the exception of fluorides (540 PPB). The body structure normally contains these inorganic chemicals, which are essential elements.

The Triple Distilled water showed less contamination than the plain distilled water. Hosen's distilled water compared favourably with the triple distilled water, probably because my distilling apparatus contains a demineralizer through which the water passes before it enters the distilling unit.

The inorganic matter splatters over and is concentrated in the distilling unit after each use. To reduce this contamination it would be necessary to thoroughly clean out the distilling unit after each use.

The triple distilled water and the water distilled after passing through a demineralizer both had less inorganic chemicals than the spring waters analyzed in this study.

The total organic carbon was also compared for the eight different waters. The organic carbon readings varied from under 10 PPM (Hosen's distilled water and Mountain Valley spring water), to over 25 PPM (well water and Perrier spring water).

It was obvious from the study that all waters probably contain organic chemicals. Such chemicals can be allergenic. Since there are many spring waters from different sources, only individual studies of these waters can determine their chemical content. But we can assume that chemical contamination occurs in most waters as most areas have similar sources of contamination.

These findings show the difficulties that confront us in changing waters in the clinical evaluation of sick patients.

The answer to this problem is to use a chemical free water which can be produced by the use of a special filtering apparatus. There are many such devices on the market, most of which are ineffective. An EPA (Environmental Protection Agency) approval of a filtering device is important.

#### Bibliography

1. Randolph, Dr. Theron, personal communication.
2. Rea, Dr. William, personal communication.
3. Coleman, W. Emile et al: "List of Organic Chemicals Identified in Drinking Water in the United States." Environmental Protection Agency, Health Effects Research Laboratory, Cincinnati, Ohio, April 1, 1977.
4. Preliminary Assessment of Suspected Carcinogens in Drinking

Water. Report to Congress EPA December 1975.

#### Environmental Control and Arthritis — George P. Kroker, M.D.

*Dr. George Kroker described a joint study of arthritic patients under environmental control at the Comprehensive Environmental Control Unit, Zion, Illinois, the Brookhaven Environmental Unit, Dallas, Texas, and at the North Carolina Environmental Unit.*

A co-operative study involving three participating hospital environmental control units was undertaken on patients fulfilling the criteria of the American Rheumatism Association for classical or definite rheumatoid arthritis.

A total of 43 patients were studied to assess changes in arthritic activity during a period of total food and maximum chemical avoidance under controlled environmental conditions. Twenty nine of forty two patients studied were sero-positive for rheumatoid factor.

The co-operative study protocol required participating patients to fast for a 4 to 7 day period in an environment where contact with tobacco, perfume, and volatile hydrocarbon odors was minimized.

All arthritic medications were discontinued on admission except for maintenance dose steroids (equivalent to 5.0 to 7.5 mg prednisone) continued on 3 out of 43 patients. Throughout hospitalization patients were encouraged to move around as much as possible and no physical therapy was performed.

Symptomatic changes in arthritic function were assessed through a detailed questionnaire from which a functional activity index was derived. This index improved during the fast. More objective measures of arthritic activity were also analyzed and found to improve during the fast (Westergren sedimentation rate, joint swelling graded by direct examination, joint

tenderness by direct examination, Grip strength, Dolorimeter pain index, and Arthrocircameter swelling measurements.)

Although generalized improvement appeared during the fast in the patients as a whole, variations in the degree of response suggested a heterogeneity in the rheumatoid population. These data suggest that in certain patients in the rheumatoid population studied, environmental factors including foods may play a contributing or perhaps causal role in arthritic activity.

In order to test the hypothesis that certain foods and chemicals could be detrimental to patients with rheumatoid arthritis, these patients were challenged after fasting by the oral ingestion of organically grown less chemically contaminated food, and to chemicals by a double blind exposure in a stainless steel booth.

All subjective symptoms were recorded and rated as to severity from + to + + + + by the professional staff. More objective assessments of arthritic reactions were made by three independent hand measurements: the Grip strength, Dolorimeter tenderness index, and the PIP joint size by the Arthrocircameter measurements.

Single foods in full meal size portions were fed at each meal and two to four meals were ingested each day depending on the patient's freedom from symptoms.

Multisystemic reactions were noted to a variety of foods with arthritic symptoms most prevalent followed by headache, pruritis and gastrointestinal upsets. Arthritic reactions occurred rapidly in some but flare ups were sometimes delayed for up to twelve hours.

Comparison of all major and severe subjective complaints (+ + + and + + + +) with the three independent more objective arthritic hand measurements revealed a highly significant decline of Grip strength of 11.6 mmHg ( $p < 0.001$ ), in a group of twenty-two patients.

This same group of patients

showed a very significant increase in the Dolorimeter tenderness index of 4.9 ( $p < 0.001$ ). These same patients also averaged a highly significant increase in the size of the five PIP joints of each hand of 0.83 mm ( $p < 0.001$ ) by the Arthrocircameter measurement.

It must be stressed that after a moderate to severe symptomatic reaction, intervention techniques were immediately employed to rapidly ameliorate the subjective symptoms, and if the reactions included arthritic changes in measurement these were quickly reversed toward the non-fasting state. The intervention measures included any of the following: administration of bicarbonates, mineral laxatives, oxygen, enemas, safe foods and fasting for one or two meals.

The five patients of the group of twenty-seven patients who did not have any major or severe subjective symptom but only minor to moderate responses (+ or + +) had an average lowering of the Grip strength of 5.8 mmHg ( $p < 0.04$ ). The dolorimeter and Arthrocircameter both had slight non-significant increases.

A total of 1,007 food challenges were assessed in 38 patients. The average patient tested approximately 31 foods and reacted to an average of 6.7 foods.

The frequency of major and severe adverse reactions was high for cereal grains (20%) and red meats (16%) and relatively low for vegetables (5.5%) and fruits (3.2%). However, individual variations were very evident.

Thirty-two patients were challenged with commercial food containing additives and contaminants for a maximum of six consecutive meals test negative in organic form. Seventeen reacted out of a group of thirty-two patients, as judged by symptoms. Symptom response in one group of 24 patients showed eleven patients had no symptoms after six commercial meals, nine patients with symptoms after six commercial meals, and four patients developed sufficiently severe symptoms they

were unable to complete the six commercial meals. The major symptoms included arthritis, pruritis, irritability, insomnia, sore throat, and a metallic taste.

The four patients out of the group of twenty-four challenged with commercial meals that were unable to complete the six commercial meals had a decreased Grip strength of 16.4 mmHg ( $p < 0.05$ ) and an increase of the PIP joint size of 2.3 mm/5PIP joints ( $p < 0.02$ ), as determined by the Arthrocircameter. The increase of 7.5 in the Dolorimeter tenderness index was just out of the level of significance.

The nine symptomatic patients from the commercial test group of twenty-four showed only a slight decrease in Grip strength in both hands and a slight increase in Arthrocircameter readings, both non-significant. The Dolorimeter tenderness index increased 1.6 ( $p < 0.04$ ). The only significant change in the eleven asymptomatic patients was a 1.6mm/5PIP joints increase ( $p < 0.03$ ) using the Arthrocircameter.

Further chemical testing was performed on a group of twenty-two consecutive rheumatoid arthritis patients at one of the centres. Nineteen patients were exposed to burning natural gas from the hospital kitchen range, with fourteen reactions and fourteen arthritic symptoms. Seventeen patients were exposed to volatized fumes of formaldehyde in a double blind test, seven reacted, six with arthritic symptoms; fifteen patients to volatized chlorine, with six reactions, three arthritic; seventeen patients were exposed to volatized phenol, with six reactions, three arthritic; fifteen were exposed to insecticide with five reactions, all arthritic; seventeen were exposed to volatized alcohol with four reactions, one arthritic; and twenty three patients were exposed to saline control with five reactions, four arthritic. Other symptoms included those related to cerebral, and ear, nose and throat.

Graphing a continuum from admission to discharge only twenty-four of the twenty seven food challenge patients had complete data for the seven points used for plotting the three independent measurements of the hands. There was a trend of continuing improvement in all of the three hand measurements during the hospital stay.

There was a statistically significant improvement in the Grip strength, Dolorimeter and Arthrocircameter measurements of the hands after the fast and a maintenance of that improvement with non-reactive organic foods.

Statistically significant adverse reactions were observed in all three hand measurements to the reactive organic foods and in the Arthrocircameter and Dolorimeter measurements to the commercial foods.

Three correlative coefficients were calculated using the three different independent types of hand measurements and a seven point graph. All three correlation coefficients were above 0.95 ( $p < 0.01$ ) indicating a very high degree of association amongst all these three independent hand measurements.

A final assessment engaging four different groups was made to evaluate the patient at discharge compared to admission. The *patient* assessment, by means of a detailed questionnaire forming a "Functional Activity Index", improved an average of 16.8 ( $p < 0.001$ ). The more objective *physician* assessment by direct joint examination showed a highly significant improvement in joint tenderness and swelling by a decrease in the respective indexes of 32.7 and 17.8 with  $p < 0.001$  for each.

The *staff* assessment revealed highly significant statistical improvement in the three independent hand joint measurements ( $p < 0.001$ ). The average increase in Grip strength was 37.4 mmHg; the average fall in the Dolorimeter tenderness index was 34.6 and the average decrease in Arthrocircameter measurements was 4.3 mm/5PIP joints. The *laboratory* assessment by the

Westergren sedimentation rate was a non-significant decline of 5.2 mm/hr. Most patients had several arthritic reactions during the food and chemical challenges, which probably accounts for the small change in sedimentation rate compared to that observed following the fast.

Although follow-up data is still being collected, it is obvious that some patients continue to do well on the prescribed avoidance regimen. Several maintain a state of complete remission except for flare ups when they eat one of the foods on their avoidance list or become exposed to an inciting chemical.

### Reasons for Success and Failure in Clinical Ecology

*Both Dr. George Kroker, (formerly) of the Comprehensive Environmental Control Unit at American International Hospital in Zion, Illinois, and Dr. William Rea, director of the Brookhaven Environmental Unit in Dallas Texas, discussed the various reasons for success and failure with patients in their respective units.*

Dr. Kroker's follow-up study was initiated on patients previously admitted to the Zion Unit over the last two years. The purpose of the follow-up was to investigate the long term success and failure rate of the program. Technical factors influencing success and failure were examined.

Two hundred questionnaires were sent out to former patients, and 95 patients responded. Of the 79 who identified themselves on the questionnaire, all had been diagnosed as having food and chemical sensitivities.

Patients were placed into two different groups according to whether they had greater than or equal to 50% improvement in their overall condition (called group 1) or less than 50% improvement in their condition (called group 2). Compared to admission, 60 patients (63%) had greater

than 50% improvement in their overall condition since discharge from the environmental control unit.

The percent of patients complying with the Rotary Diversified Diet was found to differ between both groups in statistically significant fashion. In addition, the percent of patients complying with an avoidance diet was found to differ between both groups in a statistically significant fashion. Over 55% of the patients with the lesser improvements were on a rotary diet less than one-quarter of the time, or not on a rotary diet at all. Over 60% of the group with greater improvements maintained a rotary diet 75-100% of the time. Similar results were reported with the food avoidance regimens.

There was a significantly greater percentage of the patients with greater improvement, who were following an environmental control program (chemical avoidance) and using satisfactory organic food sources. Other factors such as any differences in commercial food sensitivity, financial resources for providing a diet, family support, non-professional and professional support, and the length of time on the environmental control program, were compared between the two groups, but were not found to vary in a statistically significant fashion.

Dr. Kroker stated in summary that the three factors he considered most important in determining success or failure, from this follow-up study, were: 1) maintaining a Rotary Diversified Diet, 2) continuing avoidance of offending foods, and 3) complying with a comprehensive environmental control program.

Dr. Rea's findings agreed in general with those of Dr. Kroker. He stated that failure of patients to respond to ecologic diagnosis and treatment from the Brookhaven Environmental Unit in Dallas fall into several categories.

He felt that the first and most important category was the failure of the patient and/or the physician to do the basics. The largest areas of failure seemed to him to be: ambient



## 1. Why Your House May Endanger Your Health, by Alfred V. Zamm, M.D.

*The following extract from the preface of Dr. Zamm's book will give our readers a good sample. This excerpt is reprinted from an advance review in the Society for Clinical Ecology Newsletter, July 1980. The book can be obtained by mail order for \$12 US from Clinical Ecology Educational Material, Dickey Enterprises, 635 Gregory Road, Fort Collins, Colorado 80524. Dr. Zamm practices clinical ecology in Kingston, New York.*

Few people know that the air inside the average American home is more polluted than that outside. Fewer still are aware that allergic reactions now constitute the single greatest source of illness in Western Society. Or that the electricity in our homes can change our moods and affect our cells. Or that the common household chemicals present in nearly every home — cleaners, waxes, polishes, heating fuels — can bring about illness without ever revealing themselves as the cause. And almost nobody realizes that we can become addicted to the very toxic substances that are making us ill.

The degree to which a person recognizes those forces places him in one of three categories:

1. He is an environmentally sensitive individual, and he knows it. He may react adversely to house dust and certain fumes, for example, and he has learned to avoid those conditions that will make him sick.

2. He is extremely sensitive and does not know it — depressed much of the time, tired without good reason, weak and lazy and slow-thinking. But he is adapted, and he may even think that such a state is natural.

3. Or he is unaffected by

his environment. And yet, surrounded by incipient poisons, he may not — probably isn't — reaching his potential. Because the fact is, everyone is environmentally susceptible to some degree.

This book tries to bring about an awareness of the household entities that may cause problems — to examine living habits, then suggest simple alternatives to them. It is divided into three general parts.

The first shows what the average home is like, shows the myriad common substances that to one extent or another are unhealthful, and surveys the symptoms that an unhealthy environment can bring about.

The second part discusses what to do about it — what products to use, what clothing and furnishings to buy, and the best way to maintain a home for the well-being of those who live there.

The third part is designed for the person who is considering moving to a new home, renovating his present one, or building a new one. It shows where to live, the kind of house one should select, and the components to be incorporated in the design. An appendix is also provided to help the homeowner find out if he is being affected by his surroundings.

Our concern here is not necessarily with the chemically sensitive person who knows he must make certain changes in his environment, but with the vast majority who don't even realize that their surroundings are making life a little more difficult than it should be. And possibly a bit shorter.

## **An Alternative Approach to Allergies by Theron G. Randolph, M.D. and Ralph W. Moss, Ph.D.**

*Lippincott & Crowell, Publishers, describe Dr. Theron Randolph's new book below.*

Allergies are among the most

common ailments in the United States — at least half the population suffers from them. But, says Dr. Theron G. Randolph, millions more suffer from chronic diseases which are never even attributed to allergic responses.

A founder of the new field of clinical ecology, Randolph says that allergies are similar to addictions in their early stages, and that people can become addicted to common everyday food such as corn, wheat, or beef, and to food-drug combinations such as tobacco, coffee, and tea.

Equally important is susceptibility to common chemicals. Randolph shows, for example, why gas from the kitchen range can be dangerous to many people, and why ordinary supermarket food can be a source of mental and physical disease. He sheds new light on the topic of air pollution, both indoor and outdoor, and presents dozens of revealing case histories of hyperactivity, alcoholism, headache, arthritis, fatigue, "brain-fag", and depression.

Finally, Randolph shows how we can cope with the modern environment of prepackaged foods and ever-present chemicals. New medical procedures are described which offer both hope and practical advice for everyone who wants to remain well in a polluted world.

Theron G. Randolph, M.D., a practising allergist for 45 years, has developed a reputation as the "father of clinical ecology". The author of over 250 scientific papers, Randolph is a graduate of the University of Michigan Medical School, founder of the Society for Clinical Ecology, and president of the Human Ecology Research Foundation. He lives in Chicago. Ralph W. Moss, Ph.D., is a free-lance writer living in Brooklyn, New York, and author of *The Cancer Syndrome*.

*Copies of "An Alternative Approach to Allergies" can be obtained for \$12.95 US from Clinical Ecology*



Educational Material, Dickey Enterprises, 635 Gregory Road, Fort Collins, Colorado 80524.

## 3. Allergies and Your Family, by Doris Rapp, M.D.

In our Spring 1980 issue we reviewed Dr. Rapp's book, "Allergies and the Hyperactive Child". Those in the Toronto area particularly may have seen Dr. Rapp on local television during January 1981 as she discussed her latest - "Allergies and Your Family". The publisher's description is given below. Copies are available for \$6.95 US (paperback) from Sterling

Books, 2 Park Ave., New York, N.Y. 10016.

This new updated, revised and enlarged edition of "Allergies and Your Family" will provide practical, concise answers to the types of questions patients ask, should ask, or forget to ask. This book will enable patients to recognize and solve simple allergic problems and give them necessary emergency information to relieve acute symptoms until they can contact their doctor.

The simple question and answer format explains the common allergic problems of the eyes, nose, chest, and skin which we see every day. A

special section on infants will help young mothers. Easy sensible suggestions aid mothers to make their homes more allergy-free. A simple seven-day diet which excludes the major allergenic foods may help to diminish a surprisingly large number of an allergic patient's symptoms. This diet often relieves recalcitrant asthma, nasal symptoms, and eczema.

In some patients, unsuspected allergy in the form of hyperactivity, chronic fatigue, intestinal complaints, headaches, and leg aches also may be relieved. There are practical tips about the school, pets, immunizations, stinging insects and drugs for allergies.

## Reasons for Success (continued from page 11)

inside air overload, continued employment in toxic jobs, not staying on a rotary diet of chemically less contaminated foods, or needing an oasis in the home.

A second area that has become a problem is chemical sensitivity accompanied by malignancy.

Another group of patients did not seem to respond well, due to mineral imbalance. They needed phosphorus, calcium, magnesium, zinc, or other minerals in order to respond.

He stated further that in conjunction with this, vitamin deficiencies also are a problem in some patients. A rare patient will also have a protein deficiency and have to have excess alimentation to correct this.

Dr. Rea has found that patients who were placed on elemental diets have also been a problem. In addition some patients appear to have a paralyzed immune system in that their 'T-lymphocytes' do not respond to a period of avoidance. The need for

immunostimulation seems to be great in this group.

Finally, Dr. Rea noted that there is a group of patients who have far advanced disease that is fixed or autogenous. Even though the stimuli are removed, the disease at this point seems to be self-generating. These included various severe physical and mental conditions.



# ANNOUNCEMENTS

## 1. Fall Directory Issue Postponed — Questionnaire Enclosed

In our *Summer 1980* issue we promised this Fall Issue would contain a full directory of book lists, product sources, etc. Lack of response has forced us to postpone this effort. This time, though, we have included a questionnaire with your *Quarterly* copy. Please fill it out and share your knowledge with others.

## 2. Clinical Ecology Information Bank Underway — Extra Funding Needed

In our *Spring 1980* issue we described several 'visions' for the future of human ecology. One was a computerized information bank that could help us all gain access to the many papers that have been written in the field of clinical ecology and other growing health fields.

The press release we have enclosed with this issue shows that this project is getting closer to reality, and could provide the Human Ecology Foundation with an extremely powerful educational and research tool.

If some additional private loan funding can be found for equipment, the firm of Small and Associates has offered the part time use of a powerful microcomputer to the Foundation for this project. The microcomputer is intended as part of the 'office of the future' being installed in the Smalls' *Sunnyhill Farm* ecology centre.

The same equipment will be used for experiments in establishing home-based computer jobs for persons disabled by ecological illness and other handicaps. Further details can be found on the press release or by contacting Human Ecology Foundation (Toronto), R.R.#1, Goodwood, Ontario L0C 1A0, Tel: (416)-294-3531.

## 3. Advertising for the H.E.F. Canada Quarterly

This issue gives you a couple of examples of the kinds of advertising

that will help to support your *Quarterly* magazine (see our *ADVERTISING* section).

Because of the lack of response from our members in recruiting advertisers, both the *Fall 1980* and *Winter 1981* issues of the *Quarterly* have been produced with the financial help of the Toronto Branch of the Foundation.

The Toronto Branch will be unable to support the *Quarterly* beyond this point, so we need your help now. We are asking all members to approach their favourite health-related or other business and ask them to advertise in the *Quarterly*. Show them your copy and tell them that our circulation is 500 subscribers and growing fast. Assure them that they will be doing their part in the International Year of the Disabled by helping us out.

Business card ads can be placed for the sum of \$50 for four issues (one year). When you find an advertiser, have him (or her) write a cheque for \$50 to 'The Human Ecology Foundation of Canada' and give you his business card or the message he would like on the ad. We can help advertisers typeset their ads if they wish, for a nominal fee of \$10.

For further details, contact Bruce Small, *Quarterly* Editor, R.R.#1, Goodwood, Ontario L0C 1A0, Tel: (416)-294-3531 (or your local Branch executive).

We take the opportunity here to thank our first advertisers for having confidence in our publication and an interest in this growing health field.

## 4. Veal, Pork & Goat Milk Orders — Mrs. Mary Wood

Mrs. Mary Wood at R.R.#1, Egbert, Ontario L0L 1N0 (Tel: (705)-458-9309) is taking orders now for veal and pork which will be ready in the fall.

Some goat milk will be ready as well around the middle to the end of April.

Mary has advised us that after trying almost everything in the line of low-allergy cosmetics she has had the

best success with the Mary Kay brand. She is able to supply this type to anyone who needs them. Contact Mary at the address above for further information.

## 5. Halton Hills Holistic Health Workshop Series — March to June 1981

Halton Hills Centre is a new conference centre and training and development centre, located on the west side of Highway 25, 4½ miles north of Hwy. 401.

The Centre is conducting a special holistic health lecture series this spring, featuring the following topics and speakers:

### March 13-15

Feldenkrais/Awareness Through Movement (Brooke Medicine Eagle)

### March 27-29

Healthy Living the Natural Way (David Rowland, PhD)

### April 7-8

Public Lectures and Workshop (Lendon Smith, M.D.)

### May 15-17

The Ecological Road to Good Health (John G. MacLennan, M.D.)

### June 5-7

Don't Settle for a Migraine Headache (George A. Malcolm, D.C.)

For further information, write to Halton Hills Centre, Number 25 Hwy., R.R.#3, Milton, Ontario L9T 2X7 (Tel: (416)-878-8983).

## 6. Allergy Information Association Calendar

The Allergy Information Association of Toronto has produced a 1981 calendar with tips on inhalant allergy, date of pollen seasons, etc.

For your copy, send \$2.50 to: Allergy Information Association, Room 7, 25 Poynter Drive, Weston, Ontario M9R 1K8.

## 7. Canadian Organic Growers Toronto Area List

We were recently sent the following advice and sources for organic food from the Canadian Organic Growers, 33 Karnwood Dr., Scarborough Ontario M1L 2Z4 (Tel: (416)-757-5609). Membership and subscription to the COG newsletter is \$5 per year.

1. Ontario Federation of Food Co-operatives & Clubs Inc., 680 King St. W., Toronto, Ontario M5V 1N3. Tel: (416)-363-3309. Will give you a list of Ontario food co-ops and clubs, some of which have organic vegetables, and most of which have organically grown dried goods (grains, beans, seeds, nuts, etc.).
2. Many health food stores sell products that are labelled organic. Most sell grains, beans, seeds, nuts; some sell eggs and dairy products; and a few sell fresh fruits, vegetables and meat.
3. Some of the distributors of food claimed to be organic are:
  - i) Eco-Farms Distributing, R.R.#4, Mt. Forest, Ontario. Tel: (519)-323-2310. Eggs, dairy products, and some vegetables and fruits.
  - ii) Greenleaf Whole Foods Ltd., 117 Weber St. W., Kitchener, Ontario N2H 3Z8. Tel: (519)-745-1932. Grains, seeds, nuts, beans, etc.
  - iii) Manna Foods Inc., 112 Crockford Blvd., Scarborough, Ontario. Tel: (416)-759-4108. Grains, seeds, nuts, beans, etc.
4. Some organic farmers have their products for sale at farmers' markets, roadside stands, or in local general stores. Often these are not labelled organic.
5. The following farmers have completed a questionnaire (for COG) on their growing and marketing methods, and in some cases we have inspected their farms. To the best of

COG's knowledge the following farmers are growing/raising and selling the organic food listed. (*This is a preliminary list — a more complete list is to be ready soon*).

i) Freeman Boyd, R.R.#1, Meaford, Ontario. Tel: (519)-538-4368. Vegetables (esp. potatoes) sold in two local general stores and in the fall at Owen Sound farmers market.

ii) Alex Caron, R.R.#3, King City, Ontario L0G 1K0. Tel: (416)-727-8953. Vegetables sold at farm. He is also interested in growing specified amounts of vegetables under contract to consumers.

iii) Marsha Kalman, R.R.#1, Lowbanks, Ontario N0A 1K0. Tel: (416)-774-7811. Vegetables and strawberries sold at farm, local store and Dunnville market.

iv) Marina & Trevor Martin, R.R.#1, Canfield, Ontario N0A 1C0. Tel: (416)-772-3246. Vegetables sold at farm, IGA in Cayuga, Nelles Farm Market in Cayuga, and Miracle Mart in Hamilton (none listed as organic).

v) Paul McGuire, R.R.#3, Schomberg, Ontario. Tel: (416)-859-0470. Wheat, beef, geese, cream sold at farm. Doesn't want bargain hunters.

vi) Barry Neave, R.R.#1, Moffat, Ontario L0P 1J0. Tel: (519)-822-5233. Vegetables sold at farm. Note — not all is organic, so ask what is.

vii) George Rother, R.R.#2, Proton Stn., Ontario. Tel: (519)-924-2864. Vegetables sold at farm and health food stores (don't know which) in Toronto.

viii) Shelter Valley Organics Inc., R.R.#1, Grafton, Ontario K0K 2G0. Tel: (416)-344-7662. Vegetables and fruits sold at farm and through local food co-op.

ix) M. L. Thouard, R.R.#1, Clarksburg, Ontario. Toronto telephone 767-8085. Vegetables and

herbs sold at farm.

COG notes that just because a product is labelled "organic" doesn't mean it is, as there are presently no regulations (nor guidelines) for the use or definition of the term. There are also no organic certification programs (independent of distributors) at present, although COG is planning to have a very comprehensive one in the near future.

## 8. Basic Seminar of Clinical Ecologic Techniques — June 1981

The Society for Clinical Ecology has announced that this year's Basic Seminar of Clinical Ecologic Techniques will be held June 12 to 17 at Pingree Park, Colorado.

This basic seminar is designed for physicians and their nurses who have had no previous experience with ecological techniques. Physicians who are practicing clinical ecology or have taken basic courses may register their nurses or technicians for this seminar.

The subject matter will include:

1. The ecologically oriented history and objective physical examination.
2. Serial dilution titration with practice sessions.
3. Clinical titration for foods and chemicals with neutralization of induced or presenting symptoms with practice sessions.
4. The dynamics of food allergy
5. The individual feeding test.
6. Rotary diversified diet.
7. The concept of optimal dosage with practice sessions for formulating prescriptions.

For further information and registration form contact Lawrence D. Dickey, M.D., 109 West Olive Street, Fort Collins, Colorado 80524 (Tel: (303)-482-6001).

## Want Ad — Air Purifier Needed

Barbara Bentley, of 203 Devonshire Way, Saskatoon, Saskatchewan S7L 5W2 (Tel: (306)-382-7207) is interested in buying a good used air purifier, preferably an Air Conditioning Engineers Room Model 275.

*One of our readers has shared with us a rather succinct and poetic statement, describing what it feels like to be in the acute stages of ecological illness. We think it is a good way of introducing others to the subject.*

### Complex Allergies

The world's a friendly place to be  
 If you don't have an allergy  
 To food and drink, to gas and oil  
 And molds that grow upon the soil,  
 To cats and dogs and insect stings,  
 To horses and canary wings;  
 To pollens carried in the air  
 From here and there and everywhere.  
 To house-dust and to road-dust, too,  
 Which cause a sudden bout of "flu",  
 To poisons sprayed on fruit and lawn,  
 (They've been around for far too long).  
 To newspaper and magazine,  
 To household products made to clean;  
 To paint, to bleach, to 'wax n glo'  
 —For if you do, they'll have to go!  
 To mothproof paper on the wall,  
 Synthetic fibres over all,  
 To nylon rug and vinyl chair,  
 Fibreglass curtains everywhere;  
 To plastic bag and styra-cup  
 In which our food comes all wrapped up,  
 Crepe soles, drip-drys, and polys  
 Till your very clothing makes you ill.  
 The TV and the radio  
 Cause you to hurt and tingle so,  
 And friends who smoke and wear perfume  
 Still wonder why you leave the room...  
 The world's a small constrictive ring  
 When you react to everything;  
 You start each new day you're alive  
 With, "Please, God, help me to survive."

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### News Brief - North York Spray Signs Approved

(Toronto Star, January 1981) The North York Council has approved Alderman Howard Moscoe's proposal to place signs in each of the city's 290 parks a week before the weed killer 2,4-D is used. The signs will cost about \$90 and will be installed on a one-year experimental basis. Moscoe told council there is evidence the weed killer can be harmful. He said one city employee developed a severe rash all over his body after spraying 2,4,-D last September.

Moscoe said city residents deserve the right to know when the parks are going to be sprayed. He said the signs will allow parents to regulate activities of their children, who use the parks and playgrounds. But his report added that federal and provincial agencies have said signs "would simply stimulate unjustified concern within the community, concern that is not supported by any medical evidence."